MAIL COMPLETED 8700-12 FORM TO:

KDHE-BWM

1000 SW Jackson, Suite 320, Topeka, KS 66612-1366

Kansas Department of Health and Environment

Notification of Regulated Waste Activity

(RCRA SUBTITLE C SITE IDENTIFICATION FORM)

						
1. Reason for Submittal (See page 2 of the instructions) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number) To provide Subsequent Notification of Regulated Waste Activity (to update information) As a component of a FIRSTBRCRA Hazardous Waste Part A Permit Application As a component of a REVISEDBRCRA Hazardous Waste Part A Permit Application As a component of the Hazardous Waste Report					
2. Site EPA ID Number (See page 3 of the instructions)	EPA ID Number: 000 5 0 8 6 0 6					
3. Site Name (See page 3 of the instructions)	Name: Rédication - Standard Procision					
4. Site Location Information (See page 3 of the instructions)	Street Address: 920 South St Francis					
	City or Town: Wachita	State: Kansus				
	County Name: Selgwick	Zip Code: 6721(-2335				
5. Site Land Type (See page 3 of the instructions)	Site Land Type: Private County District Federal Indian Municipal State Other					
6. North American Industry Classification System (NAICS) Code(s) for the Site (See page 3 of the instructions)	A. 924118 Air illeter B. Administration of Resurces C. D.					
7. Site Mailing Address (See page 4 of the instructions)	Street or P. O. Box: 901 N 5th Street					
	City or Town: Kanses Coty					
	State: Chases					
	Country:	Zip Code: 66101				
8. Site Contact Person (See page 4 of the instructions)	First Name: Ranky MI: 7 Last Name	: Schedangun				
of the instructions)	Phone Number & Extension: 913, 551.731	Email Address:				
9. Legal Owner and Operator of the Site (See page 4 of the instructions)	A. Name of Site's Legal Owner: V. 24 \ G. v. erre Owner Type: A Private	Date Became Owner (mm/dd/yyyy): Jok 6 Federal Indian Municipal				



		B. Name of Site's Ope	deman	Date Became Operator (mm/dd/yyyy): 7. 2 7 · 97						
		Operator Type: ☐ Private☐ State ☐ Other		Federal Indian Municipal						
10.	Type of Regulated Waste Activit	Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See pages 5-8 of the instructions)								
Α.	Hazardous Waste Activities									
	1. Generator of Hazardous Was (Choose only one of the follow	Generator of Hazardous Waste (Choose only one of the following four classifications)		For Items 2 through 6, mark all that apply.						
		,200 lbs in any single mo.) or ardous waste, greater than is waste;	3. Treate	r, Storer, or Disposer of Hazardous Waste (at Note: A hazardous waste permit is required for this						
	b(1). KSG Sub-Class 1: 100 1,000 kg (220 - 2,200 l non- acute hazardous v or	lbs in any single mo.) of waste;		er of Hazardous Waste (at your site) zardous waste permit may be required for this						
	acute hazardous waste	any single mo.) of non-	<u> </u>	a. Small Quantity On-site Burner Exemption						
	or C. KSSQG: Less than 25 acute hazardous waste	kg/mo (55 lbs./mo.) of non-		b. Smelting, Melting, and Refining Furnace Exemption						
	In addition, indicate other general apply)	ator activities. (Mark all that	6. Underground Injection Control							
	d. United States Imported	er of Hazardous Waste								
	e. Mixed Waste (hazard	dous and radioactive) Generator								
В.	Universal Waste Activities		C. Used Oil Activities (Mark all boxes that apply.)							
1.	Large Quantity Handler of University 5,000 kg or more) [refer to Kanswhat is regulated]. Indicate type generated and/or accumulated at that apply):	as regulations to determine es of universal waste	☐ a. Tra: ☐ b. Tra	sporter - Indicate Type(s) of Activity(ies) Insporter Insfer Facility Essor and/or Re-refiner - Indicate Type(s)						
	a. Batteries		of Activity(id	25)						
	b. Pesticides			cessor						
	c. Thermostats	o 9		refiner						
	d. Lamps		3. Off-Specificat	tion Used Oil Burner						
	e. Other (specify) Nor M f. Other (specify)	0x	4. Used Oil Fuel Activity(ies)	Marketer - Indicate Type(s) of						
<u> </u>	g. Other (specify) 2. Destination Facility for Unive Note: A hazardous waste permit m			eter Who Directs Shipment of Off- fication Used Oil to Off-Specification Used urner						
				eter Who First Claims the Used Oil Meets pecifications						

11. Descrip	tion of Hazardous Waste	s (See page 9 of the in	nstructions)						
Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.									
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	ee page 9 of the instruct					,			
Excevete and store up to 100 yes 3 of redium -									
Excevete and store of to 100 yes of redium - contaminated soil from a private residence. Contaminated soil									
resultant from repair of radium deals at the adjacently locate									
5:40	e of 650	Fist Filber	. ۲. 5a:۱ مر.	11 be store	-d 6 ·	the Gil	lbart		
resultant from repair of radium dials at the adjacently locate site of 650 East Gilbert. Soil will be stored to the Gilbert parcel satil a PRP search in propess is completed.									
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See page 9 of the Instructions)									
Signature o	of owner, operator, or representative	an authorized	Name and Off	icial Title (type or p	orint)	Date Sign	ned (mm/dd/yyyy)		
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RETURN COMPLETED 8700-12 FORM TO:

KDHE-BWM 1000 SW JACKSON, SUITE 320 TOPEKA, KANSAS 66612-1366

Revised 7/21/2003